

109TH CONGRESS
1ST SESSION

H. R. 1632

To amend title XVIII of the Social Security Act to improve patient access to, and utilization of, the colorectal cancer screening benefit under the Medicare Program.

IN THE HOUSE OF REPRESENTATIVES

APRIL 14, 2005

Mr. ENGLISH of Pennsylvania (for himself, Mr. CARDIN, Ms. HART, Mr. WILSON of South Carolina, Mr. TOWNS, Mr. SESSIONS, Mr. PICKERING, Mr. PETERSON of Minnesota, Mr. CLYBURN, Mr. McNULTY, Mr. ISRAEL, and Mr. CUMMINGS) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title XVIII of the Social Security Act to improve patient access to, and utilization of, the colorectal cancer screening benefit under the Medicare Program.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Colon Cancer Screen
5 for Life Act of 2005”.

1 **SEC. 2. SENSE OF CONGRESS.**

2 It is the sense of Congress that—

3 (1) colorectal cancer screening tests (as defined
4 in section 1861(pp)(1) of the Social Security Act (42
5 U.S.C. 1395x(pp)(1)) covered under the medicare
6 program have been severely underutilized, with the
7 Comptroller General of the United States reporting
8 in 2000 that since coverage of such tests was imple-
9 mented, the percentage of beneficiaries under the
10 medicare program receiving either a screening or a
11 diagnostic colonoscopy has increased by only 1 per-
12 cent;

13 (2) in recognition of the need to improve rates
14 of colorectal cancer screening in the medicare pro-
15 gram, Congress enacted provisions in the Medicare
16 Prescription Drug, Improvement, and Modernization
17 Act of 2003 to require physicians to provide a refer-
18 ral for colorectal cancer screening as part of the new
19 initial preventive physical examination, beginning
20 January 1, 2005;

21 (3) the Centers for Medicare & Medicaid Serv-
22 ices should encourage health care providers to use
23 more effective screening and diagnostic health care
24 technologies in the area of colorectal cancer screen-
25 ing;

1 (4) in recent years, the Centers for Medicare &
 2 Medicaid Services has subjected colorectal cancer
 3 screening tests to some of the largest reimbursement
 4 reductions under the medicare program;

5 (5) unlike other preventive screening tests cov-
 6 ered under the medicare program, health care pro-
 7 viders must consult with beneficiaries prior to fur-
 8 nishing a screening colonoscopy in order to—

9 (A) ascertain the medical and family his-
 10 tory of the beneficiary; and

11 (B) inform the beneficiary of preparatory
 12 steps that must be taken prior to the procedure;
 13 and

14 (6) reimbursement under the medicare program
 15 is not currently available for the consultations de-
 16 scribed in paragraph (5) despite the fact that reim-
 17 bursement is provided under such program for simi-
 18 lar consultations prior to a diagnostic colonoscopy.

19 **SEC. 3. INCREASE IN PART B REIMBURSEMENT FOR**
 20 **COLORECTAL CANCER SCREENING AND DI-**
 21 **AGNOSTIC TESTS.**

22 (a) IN GENERAL.—Section 1834(d) of the Social Se-
 23 curity Act (42 U.S.C. 1395m(d)) is amended by adding
 24 at the end the following new paragraph:

1 “(4) ENHANCED PART B PAYMENT FOR
2 COLORECTAL CANCER SCREENING AND DIAGNOSTIC
3 TESTS.—

4 “(A) NONFACILITY RATES.—Notwith-
5 standing paragraphs (2)(A) and (3)(A), the
6 Secretary shall establish national minimum pay-
7 ment amounts for CPT codes 45378, 45380,
8 and 45385, and HCPCS codes G0105 and
9 G0121 for items and services furnished on or
10 after January 1, 2006, which reflect a 10-per-
11 cent increase above the relative value units in
12 effect as the nonfacility rates for such codes on
13 December 31, 2005, with such revised payment
14 level to apply to items and services performed
15 in a nonfacility setting.

16 “(B) FACILITY RATES.—Notwithstanding
17 paragraphs (2)(A) and (3)(A), the Secretary
18 shall establish national minimum payment
19 amounts for CPT codes 45378, 45380, and
20 45385, and HCPCS codes G0105 and G0121
21 for items and services furnished on or after
22 January 1, 2006, which reflect a 30-percent in-
23 crease above the relative value units in effect as
24 the facility rates for such codes on December
25 31, 2005, with such revised payment level to

1 apply to items and services performed in a facil-
2 ity setting.

3 “(C) ANNUAL ADJUSTMENTS.—In the case
4 of items and services furnished on or after Jan-
5 uary 1, 2006, the payment rates described in
6 subparagraphs (A) and (B) shall, subject to the
7 minimum payment amounts established in such
8 subparagraphs, be adjusted annually as pro-
9 vided in section 1848.”.

10 (b) NO EFFECT ON HOPD PAYMENTS.—The Sec-
11 retary of Health and Human Services shall not take into
12 account the provisions of section 1834(d)(4) of the Social
13 Security Act, as added by subsection (a), in determining
14 the amount of payment for any covered OPD service under
15 the prospective payment system for hospitals outpatient
16 department services under section 1833(t) of such Act (42
17 U.S.C. 1395l(t)).

18 **SEC. 4. MEDICARE COVERAGE OF OFFICE VISIT OR CON-**
19 **SULTATION PRIOR TO A SCREENING**
20 **COLONOSCOPY OR IN CONJUNCTION WITH A**
21 **BENEFICIARY’S DECISION TO OBTAIN SUCH A**
22 **SCREENING.**

23 (a) COVERAGE.—Section 1861(s)(2) of the Social Se-
24 curity Act (42 U.S.C. 1395x(s)(2)) is amended—

1 (1) in subparagraph (Y), by striking “and” at
2 the end;

3 (2) in subparagraph (Z), by inserting “and” at
4 the end; and

5 (3) by adding at the end the following new sub-
6 paragraph:

7 “(AA) an outpatient office visit or con-
8 sultation for the purpose of beneficiary edu-
9 cation, assuring selection of the proper screen-
10 ing test, and securing information relating to
11 the procedure and sedation of the beneficiary,
12 prior to a colorectal cancer screening test con-
13 sisting of a screening colonoscopy or in conjunc-
14 tion with the beneficiary’s decision to obtain
15 such a screening, regardless of whether such
16 screening is medically indicated with respect to
17 the beneficiary;”.

18 (b) PAYMENT.—

19 (1) IN GENERAL.—Section 1833(a)(1) of the
20 Social Security Act (42 U.S.C. 1395l(a)(1)) is
21 amended—

22 (A) by striking “and” before “(V)”; and

23 (B) by inserting before the semicolon at
24 the end the following: “, and (W) with respect
25 to an outpatient office visit or consultation

1 under section 1861(s)(2)(AA), the amounts
2 paid shall be 80 percent of the lesser of the ac-
3 tual charge or the amount established under
4 section 1848”.

5 (2) PAYMENT UNDER PHYSICIAN FEE SCHED-
6 ULE.—Section 1848(j)(3) of the Social Security Act
7 (42 U.S.C. 1395w–4(j)(3)) is amended by inserting
8 “(2)(AA),” after ”(2)(W),”.

9 (3) REQUIREMENT FOR ESTABLISHMENT OF
10 PAYMENT AMOUNT UNDER PHYSICIAN FEE SCHED-
11 ULE.—Section 1834(d) of the Social Security Act
12 (42 U.S.C. 1395m(d)), as amended by section 3, is
13 amended by adding at the end the following new
14 paragraph:

15 “(5) PAYMENT FOR OUTPATIENT OFFICE VISIT
16 OR CONSULTATION PRIOR TO SCREENING
17 COLONOSCOPY.—With respect to an outpatient office
18 visit or consultation under section 1861(s)(2)(AA),
19 payment under section 1848 shall be consistent with
20 the payment amounts for CPT codes 99203 and
21 99243.”.

22 (c) EFFECTIVE DATE.—The amendments made by
23 this section shall apply to items and services provided on
24 or after January 1, 2006.

1 **SEC. 5. WAIVER OF DEDUCTIBLE FOR COLORECTAL CAN-**
 2 **CER SCREENING TESTS.**

3 (a) IN GENERAL.—The first sentence of section
 4 1833(b) of the Social Security Act (42 U.S.C. 1395l(b))
 5 is amended—

6 (1) by striking “and” before “(6)”; and

7 (2) by inserting before the period at the end the
 8 following: “, and (7) such deductible shall not apply
 9 with respect to colorectal cancer screening tests (as
 10 described in section 1861(pp)(1))”.

11 (b) CONFORMING AMENDMENTS.—Paragraphs
 12 (2)(C)(ii) and (3)(C)(ii) of section 1834(d) of the Social
 13 Security Act (42 U.S.C. 1395m(d)) are each amended—

14 (1) by striking “DEDUCTIBLE AND” in the
 15 heading; and

16 (2) in subclause (I), by striking “deductible or”
 17 each place it appears.

18 (c) EFFECTIVE DATE.—The amendments made by
 19 this section shall apply to items and services furnished on
 20 or after January 1, 2006.

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